

Rules of Department of Revenue Division 10—Director of Revenue Chapter 22—Senior Citizens Tax Relief

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Title 12—DEPARTMENT OF REVENUE

Division 10—Director of Revenue Chapter 22—Senior Citizens Tax Relief

12 CSR 10-22.010 Senior Citizen Claim Forms

PURPOSE: The senior citizen claim form, together with certification for rent paid and table for determining amounts are assigned a rule number in order to comply with the uniform procedures adopted by the secretary of state under section 536.023, RSMo (1986). They are designed to assist senior citizens in computing the amount of credit or payment due to them on the basis of the relationship between their income and the property taxes or rent paid during the year.

- (1) Missouri senior citizen income tax credit claim Form SC (attached) has been promulgated by the director of revenue for use by all Missouri senior citizens who claim property tax (or rental payment) relief for 1975 and later years.
- (2) The certification of rent paid, Statement CRP (attached), has been promulgated by the director of revenue for use by all Missouri senior citizens who claim relief for rental payments made in 1975 and later years.
- (3) A table of benefits (attached) has been promulgated by the director of revenue for use by all senior citizens in determining the amount of their senior citizen benefits, if any, for years beginning January 1, 1975.

Auth: sections 135.015 and 135.030, RSMo (1986). Form, statement and table filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Feb. 10, 1975, effective Feb. 20, 1975. Amended: Filed Dec. 23, 1975, effective Feb. 2, 1976.

12 CSR 10-22.020 Eligibility to File Claim(s) by Married Persons

PURPOSE: This rule is designed to clarify the eligibility of married persons filing combined or separate claims under the Tax Relief Law (sections 135.010—135.035, RSMo).

(1) Married persons otherwise qualified may file a claim(s) as follows:

(A) Persons eligible to file a joint federal income tax return and who resided at the same address at anytime during the taxable year must file a combined claim reporting their combined income and property tax/rent on their homestead. If one (1) of the spouses dies during the taxable year the surviving spouse must file a combined claim reporting their combined income and property tax/rent on their homestead; and

(B) Persons eligible to file a joint federal income tax return and who resided at a different address at all times during the taxable year may file separate claims reporting their separate income and property tax/rent or a combined claim reporting their combined income and property tax/rent on their homestead. A separate claim may not be filed on behalf of the spouse who died during the taxable year.

Auth: section 135.015, RSMo (1986). Original rule filed Oct. 15, 1985, effective Jan. 26, 1986.





MISSOURI DEPARTMENT OF REVENUE SENIOR CITIZEN INCOME TAX CREDIT CLAIM

1987	DLN
FORM SC	

PART I - HOUSEHOLD INCOME (SEE INSTRUCTIONS)	**SOUSE Was 65 on or before date of death, check 'yess' D' yes No. II "No" you are not qualified to file this claim. Do not send in a claim. **New you or your spouse readents of Missouri the entire 1987 calendary year? Vest No. II "No" you are not qualified to file this claim. Do not send in a claim. **The Name of Commission CLAMA USE PIRST NAME AND MIDDLE INITIAL OF 80TH; LAST NAME VOIR SOCIAL SECURITY NAMERS SPOUSE'S SPOUS	QUALIFICATIONS							
SPOUSE WAS 65 on or before date of death, chock 'yesr', D' Yes No. II 'No' you are not qualified to life this claim. Do not send in a claim. **Nere you or you're spouse residents of Missouri the entire 1897 calendary year? U' yes; No. II 'No' you are not qualified to life this claim. Do not send in a claim. **TRETATION OF COUNTY NUMBER PRETAINS AND MODULE INITIAL OF BOTH (LAST NAME) YOUR SOCIAL SECURITY NUMBER **PRESENT HOME ADDRESS One No.	**SPOUSE WAS 65 on or before date of death, check 'yest' Yes No. II 'No' you are not qualified to file this claim. Do not send in a claim. **Nere you or your spouse residents of Missouri the entire 1997 calendary ear?* Yes No. II 'No' you are not qualified to file this claim. Do not send in a claim. **Do not send in a claim. **Do not send in a claim.** **PRESENT HOME ADDRESS** **OFFITT NAME OF COMMINION CARM. USE PRET NAME AND MIDGLE INITIAL OR BOTH! LAST NAME YOUR SOCIAL SECURITY NUMBER PROJECT SECRET HOME ADDRESS AND ASSESSED	 Were you or your spouse age 65 or older as of De 	ecember 31, 1987	? (If your spou	se died durin	g 1987 and	you are no	t age 65, but	your deceased
**Were you or your spouse residents of Missouri the entire 1987 calendar year? Yes No. If "No" you are not qualified to file this claim. Do not send in a claim. **RRST IMMS (IF COMBINED CLAIM USE FIRST NAME AND MIDDLE INITIAL OF BOTH) LAST NAME YOUR SOUAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMB	**Were your or your spouse residents of Missouri the entire 1997 calendar year?	spouse was 65 on or before date of death, check "ye	es"). 🗆 Yes 🗀	No. If "No" you	are not quali	fied to file th	is claim. Do	not send in	a claim.
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		SPOUSE'S SIGNATURE (IF FILING COMBINED, BOTH MUST SIGN HAD INCOME) •	EVEN IF ONLY ONE	PREPARER'S AD	DRESS (AND ZII	CODE)		FEIN OR SSN	

40, this claim should be attached to that form. Enter amount from line 19 above on Form 40, line 34, OR If you do not file a Missouri Income Tax Return, complete, sign and mail this claim to: Senior Citizens Unit, P.O. Box 2800, Jefferson City, MO 65105. DUE DATE FOR FILING IS APRIL 15, 1988.

MO 860-1089 (9-87)

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1987 FORM SC							PAGE 2
1. Rents and royaltie	RINCOME						-
A. ADDRESS/TYPE	28 	0 0500501471011				-	; ;
OF RENTAL PROPERTY	B. INCOME	C. DEPRECIATION (OR DEPLETION)	D. REPAIRS	E. OTHER EXPENSES	F. (COL. B LESS COLS. C, D, AND E)		:
<u> </u>						-	
Total of Column F .	·		-	_ L L		1	
2. Pension and ann	uity income: (DO NOT	enter pensions listed	on Page 1, line 9d)		1		- I
2a. Amount rece	eived this year				4 1		i
	rour cost excludable th				1		1 1
2c. Amount rep	ortable (subtract line 2	b from line 2a)				2	!
3. Sale of real esta	te, stocks, bonds, etc.	(include gains only)				4 1	1
A. KIND OF PROPERTY		TE SOLD C. GRO Day/year c. gro	SS SALES PRICE	D. COST OR OTHER BASIS AND EXPENSE OF SALE	E. GAIN		i
		,				+	1
			- - - - -		- - 	-	!
Total of Column E .		L	L - L			3	1
4. Farm, business,	partnership, fiduciary a	and miscellaneous inc	ome (specify and att	ach schedule)			1
E Tabl (addition						4	l I
DART V HOME	STEAD TAY CO	ter on Page 1, line 8	a}		• • • • • • • • • • • • • • • • • • • •	5	
				le receipt or single a			
If a mobile hom	e was occupied	enter total ners	and on the sing	ax paid on receipt, v	issessment when	your av	veiling is located.
include special a	issessments, inter	est or penalties.	onal property to	ax paid on receipt,	willen includes y	our mob	ne nome. Do not
			ounty by you or	the homestead occu	pied	1 \$	1
2. Enter the tota	al 1987 city real es	state tax paid to t	the city by you o	n the homestead occ	upied	2 \$	
3 Total 1007 ro	al actata tayon no	id to the seconds.					
3a. Enter the total	al estate taxes pa el 1987 school tax	es naid by you o	and city - add iir n the homestesc	es 1 and 2	•••••		i
		co paid by you o	ii tile Homesteat	roccupied	• • • • • • • • • • • • • • • •	3a \$	1
4. a. If your ho	mestead is part	of a farm: Enter i	number of acres	on single assessmen	nt where		
your dwe	lling is lo <u>cated.</u>			•			
Number o					.)		
Enter per	centage on line 4	which is applic	able to your dw	elling and surroundi	ng land,		
as is reas	onably necessary	for use of the c	lwelling as a ho	me, not to exceed five	e acres.		
available	at local Departme	ent of Revenue of	i to verity perce	entage claimed. This	form is		
OR	Dopatimo	or rickende of			ŀ		
b. If part of y	your homestead is	s used for rental	or business purp	oses: Indicate the fo	llowina:	H	
Total	number of rooms	in home			, ,		
_ Total	number of rooms	used for rental of	or business purp	oses.		4	%
Enter per	centage on line 4	which is applicat	ole to the portion	of home used as hor	nestead.		1
OR	ortion used for re	intal or business	purposes.				1
	mestead is a mob	ile home: Indicat	te model				i
size				year [your homestead on	line 4		1
Exclude p	ortion of tax which	h applies to auto	or other persor	al property.	11116 4.		!
OR							1
d. If dwelling	is occupied entir	ely by you and no	one of the above	applies, enter 100% o	n line 4.		t L
5 Allowable bo	mesteed propert	v tavon noid /	uultinku line O. L		U A	Щ	
allowable hor	mestead propert	y taxes palo (M loe 1 line 16	iditiply line 3 b	y percent entered o	on line 4). Enter	1 .	
5a. Allowable hor	mestead school ta	exes paid (multip	ly line 3a by per	cent on line 4). Enter	allowahle	5 \$	<u> </u>
homestead so	hool tax on Page	1, line 16a	· · · · · · · · · · · · · · · · · · ·		*************	5a \$!
ATTACH A COP	Y OF YOUR 1987	REAL PROPERT	Y TAX RECEIPT	Γ(S)			
Mortgage statem	ents and cancelle	ed checks are no	ot acceptable su	bstitutes for your ta	x receipt. If you	occupied	a mobile home.
attach your 1987 named.	personal propert	y tax receipts. If	tax receipt(s) de	pes not indicate your	name, state you	r relation	ship to person(s)

MO 860-1089 (9-87)



370 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
	PARTMENT OF REVENUE		1987 CRP STATEMENT	• READ INSTRUCTION: • PRINT OR TYPE. • DO NOT PRINT IN SH • ATTACH TO FORM SO	ADEC		
1. CHECK THE TYPE OF RENTA	L UNIT WHICH YOU RENTED.						
SKILLED OR INTERMEDIATE CARE NURSING HOME	☐ HOUSE	☐ RESIDENTIA	LCARE	☐ MOBILE HOME		☐ BOARDING HOME	
☐ APARTMENT	☐ DUPLEX	☐ HOTEL	- -	☐ LOW INCOME HOUSIN	ic.	☐ MOBILE HOME LOT	
	ESS AND CITY, STATE AND ZIP COD		T			D CITY, STATE AND ZIP CODE	:
							<u> </u>
4. SOCIAL SECURITY NUMBER OF C	LAIMANT	SOCIAL SECURI	TY NUMBER OF SPOU	SE		RELATIONSHIP TO LANDLOR	ıD
5. RENTAL PERIOD DURING YEAR	FROM (MONTH, DAY, YEAR)			TO (MONTH, DAY, YEAR)			
6. Enter gross rent paid							
7. Enter applicable percer	nt on line 7				7		%
8. Net rent paid. Multiply line 6 by percent on line 7.							
ENTER HERE AND ON			8	\$			
MO 860-1090 (9-87)	•	* ****			<u>-</u> l	· · · · · · · · · · · · · · · · · · ·	

10 10 10 10 10 10 10 10 10 10 10 10 10 1				
MISSOURI DEPARTMENT OF CERTIFICATION OF REI	NT PAID FOR 1987	1987 CRP FATEMENT * READ INSTRU- PRINT OR TYPE DO NOT PRINT ATTACH TO F	PE. T IN SHADE	REVERSE SIDE. D AREAS
1. CHECK THE TYPE OF RENTAL UNIT WHICH YOU	RENTED.			
SKILLED OR INTERMEDIATE HOUSE	☐ RESIDENTIAL CA	RE MOBILE HOMI	E	☐ BOARDING HOME
□ APARTMENT □ DUPLEX	☐ HOTEL	☐ LOW INCOME	HOUSING	☐ MOBILE HOME LOT
2. LANDLORD'S NAME, HOME ADDRESS AND CITY, STATE AND ZIP CODE 3. CLAIMANT'S NAME, ADDRESS OF RENTAL UNIT, AND CITY, STATE AND ZIP CODE 4. SOCIAL SECURITY NUMBER OF CLAIMANT SOCIAL SECURITY NUMBER OF SPOUSE RELATIONSHIP TO LANDLORD				ID CITY, STATE AND ZIP CODE
5. RENTAL PERIOD DURING YEAR FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR) 6. Enter gross rent Paid				
USE THE CORRECT PERCENT FOR THE FOLLOWING TYPE OF RESIDENCES AND ENTER THE PERCENT ON LINE 7. BOARDING HOME				
ENTER HERE AND ON LINE 17, FORM	1 SC		8	\$

MO 860-1090 (9-87)

INSTRUCTIONS FOR COMPLETING CRP STATEMENT - CERTIFICATION OF RENT PAID

- ► Complete one CRP Statement for **each** rented homestead you occupied during 1987. (Additional forms are available upon request).
- Attach CRP Statement to Form SC to verify rent claimed.
- Step 1: Enter all general information requested in boxes 1, 2, 3, 4, and 5.
- Step 2: Enter on line 6 total rent paid by you and your spouse only. Exclude rent paid for any portion of homestead dwelling used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes (see homestead definition). Also exclude any rent paid to your landlord on your behalf by any organization.
- Step 3: If you were a nursing home or boarding home resident during 1987, use the applicable percentage stated on the front of the CRP Statement (Certification of Rent Paid).
- **Step 4:** Multiply line 6 by the percentage on line 7 and enter this amount on line 8 of the CRP Statement and on line 17 of Form SC.

MO	860-1090	(9-87

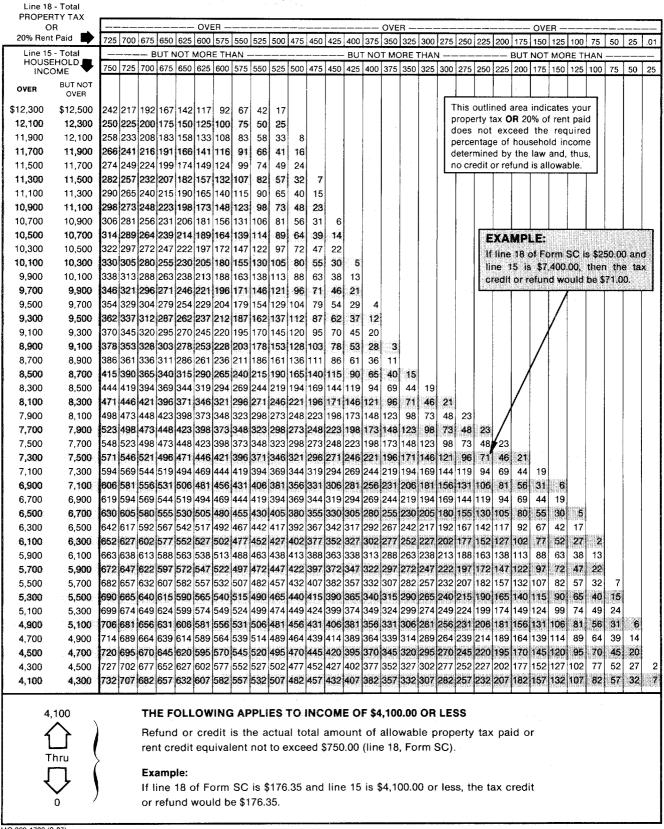
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- **Step 4:** Multiply line 6 by the percentage on line 7 and enter this amount on line 8 of the CRP Statement and on line 17 of Form SC.

MO 860-1090 (9-87)



1987 TABLE FOR DETERMINING AMOUNT OF SENIOR CITIZEN INCOME TAX CREDIT OR REFUND



MO 860-1782 (9-87)

FINAL CHECKLIST BEFORE MAILING YOUR CLAIM FAILURE TO COMPLETE OR ATTACH BELOW ITEMS WILL DELAY PROCESSING YOUR CLAIM

- 1. Peel off the label on the cover of your tax booklet, and place it on the completed claim if all information is correct. If all information is not correct, discard the label and print or type the correct information in the spaces provided.
- Check and verify all mathematics on the claim. This is most important to avoid delay of your refund.
- 3. Be sure that your birthdate has been entered on Form SC.
- Attach a copy of your 1987 property tax receipts or CRP Statements, Certification of Rent Paid for 1987. Copies of cancelled checks and mortgage statements are not acceptable.
- 5. Sign Form SC (both spouses must sign if combined claim).
- 6. Retain a copy of your claim for your records.
- 7. IMPORTANT

If you file a Missouri Income Tax Return Form 40, this claim must be attached to that form.

OR

If you do not file a Missouri Income Tax Return, sign and mail this claim to: Senior Citizens Unit P.O. Box 2800 Jefferson City, MO 65105

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. Such numbers are used primarily to administer and enforce the Income Tax, Sales Tax, Use Tax and Tax Relief for the Elderly laws. Such numbers are used to exchange tax information with the U.S. Internal Revenue Service, other states and the Multistate Tax Commission (Chapter 32 and 143 RSMo.). In addition, statutorily provided nontax uses are (1) To provide information to the Department of Higher Education with respect to applicants of financial assistance under Chapter 173 RSMo, and (2) To offset refund against amounts due to a state agency by a person or entity (Chapter 143). Information furnished to other agencies, or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having the statutory right to obtain it as indicated above. (For the Director of Revenue's authority to prescribe forms and to require furnishing of social security numbers, see Chapter 135, 143 and 144 RSMo).

FORMS MAY BE OBTAINED AND QUESTIONS ANSWERED AT THE FOLLOWING OFFICES. IF A LOCATION IS ADDED IN YOUR AREA YOU WILL BE NOTIFIED BY YOUR LOCAL NEWSPAPER. OFFICE HOURS ARE FROM 8:00 A.M. TO 4:30 P.M. DAILY IN JEFFERSON CITY AND 9:00 A.M. TO 4:00 P.M. FOR ALL OTHERS.

Kansas City 615 E. 13th Street (816) 472-2920	Jefferson City Truman State information (314) 751-2649 Office Building forms (314) 751-4695
St. Joseph	Office Building forfils (314) 731-4053
Federal Building, 3rd Floor	Springfield
8th and Edmond (816) 279-4462	149 Park Central Square, Room 313 . (417) 868-3474
St. Louis	Cape Girardeau
8764 Manchester Rd.	1435 Mount Auborn Rd (314) 334-0048
Suite 202 (314) 968-4740	
	Kirksville
Joplin	Adair County Court House
501 Pennsylvania(417) 623-3990	2nd Floor (816) 627-1486

MO 860-1782 (9-87)